

258155

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe the Doc's LimoOptimum Healthcare LLC
622-A Old Easley Hwy.
Greenville SC. 29611

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TRANS DEPT

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 446 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tonya Bryant

Address: 622-A Old Easley Hwy
Greenville SC. 29611

Telephone: 864-552-1114

Fax: 864-552-1151

Other: 864-992-3883

Email: TonyaBryant@optimumhealthcarellc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

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TRANS DEPT

DATE: 02/13/2015

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 8834

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Optimum Healthcare LLC

(Current Name)

DBA: Optimum Transport

(Current DBA if applicable)

TO: Optimum Healthcare LLC

(New Name)

DBA: _____

(New DBA if applicable)

☐ Passenger Limit

From: _____

(Current Limit Number)

To: _____

(New Limit Number)

Optimum Healthcare LLC dba Optimum Transport
 Name & DBA if DBA is applicable

Greenville SC. 29611

(City, State, Zip Code)

864-552-1114

(Telephone Number)

622-A Old Easley Hwy.

(Street and/or Mailing Address)



(Signature)

Tonya Bryant Owner

(Title) Owner, President, etc.

Revised 3-2-10